

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp RECEIVED OCT 25 AM 11:12 CITY CLERK CITY OF LODI	CALIFORNIA 2001/02 FORM	460
	Page <u>1</u> of <u>28</u>	For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period from <u>1/1/04</u> through <u>9/30/04</u>	Date of election if applicable (Month, Day, Year) <u>Nov. 2, 2004</u>
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1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- | | |
|--|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee
<input checked="" type="checkbox"/> State Candidate Election Committee
<input type="checkbox"/> Recall
<small>(Also Complete Part 5)</small> | <input type="checkbox"/> Ballot Measure Committee
<input type="checkbox"/> Primarily Formed
<input type="checkbox"/> Controlled
<input type="checkbox"/> Sponsored
<small>(Also Complete Part 6)</small> |
| <input type="checkbox"/> General Purpose Committee
<input type="checkbox"/> Sponsored
<input type="checkbox"/> Small Contributor Committee
<input type="checkbox"/> Political Party/Central Committee | <input type="checkbox"/> Primarily Formed Candidate/
Officeholder Committee
<small>(Also Complete Part 7)</small> |

2. Type of Statement:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Preelection Statement
<input type="checkbox"/> Semi-annual Statement
<input type="checkbox"/> Termination Statement
<input checked="" type="checkbox"/> Amendment (Explain below) | <input type="checkbox"/> Quarterly Statement
<input type="checkbox"/> Special Odd-Year Report
<input type="checkbox"/> Supplemental Preelection
Statement - Attach Form 495 |
|--|--|

Amendment of cover page showing filing period from 1/1/04-9/30/04
Amendment of Schedule E to show corrected amounts

3. Committee Information

I.D. NUMBER
1268599

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Dixon Flynn
Dixon for Council

STREET ADDRESS (NO P.O. BOX)

2631 Bristol Lane

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Lodi	CA	95242	209-367-1936

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Dixon Flynn

MAILING ADDRESS

2631 Bristol Lane

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Lodi	CA	95242	209-367-1936

NAME OF ASSISTANT TREASURER, IF ANY

Jonathan J Solari

MAILING ADDRESS

1806 W Kettleman Lane Ste. G

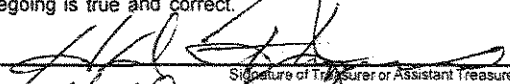
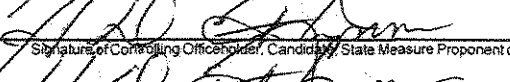
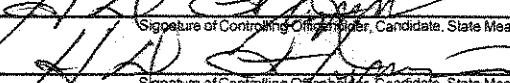
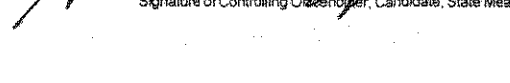
CITY	STATE	ZIP CODE	AREA CODE/PHONE
Lodi	CA	95242	209-339-8099

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on	<u>10/05/04</u>
	Date
Executed on	<u>10/05/04</u>
	Date
Executed on	<u>10/05/04</u>
	Date
Executed on	<u>10/05/04</u>
	Date

By		Signature of Treasurer or Assistant Treasurer
By		Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
By		Signature of Controlling Officeholder, Candidate, State Measure Proponent
By		Signature of Controlling Officeholder, Candidate, State Measure Proponent

Schedule E Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period from 1/1/04 through 9/30/04		CALIFORNIA FORM 460
Page 17 of 28		
NAME OF FILER Dixon for Council		I.D. NUMBER 1268599

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Dixon for Council

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Crystal M Covert 1936 Mimosa Drive Lodi, CA 95242	CNS	Consultant	1,000.00
G Strahan & Associates PO Box 12298 Zephyr Cove, NV 89448	CMP	Letterhead	2,365.11
Farmers & Merchant 121 W Pine Street Lodi, CA 95240	OFC	Office Supplies	9.10

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 3,374.21

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$ 21007.60
2. Unitemized payments made this period of under \$100	\$ 482.31
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ 21489.91